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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/445,517	12/06/1999	BRADFORD J DUFT	235/013US	1018
44638 7590 02/24/2010 Intellectual Property Department Amylin Pharmaceuticals, Inc. 9360 Towne Centre Drive San Diego, CA 92121			EXAMINER DEVI, SARVAMANGALA J N	
			ART UNIT 1645	PAPER NUMBER
			MAIL DATE 02/24/2010	DELIVERY MODE PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.



UNITED STATES PATENT AND TRADEMARK OFFICE

Board of Patent Appeals and Interferences

INTELLECTUAL PROPERTY
DEPARTMENT
AMYLIN PHARMACEUTICALS, INC.
9360 TOWNE CENTRE DRIVE
SAN DIEGO, CA 92121

Appeal No: 2009-010326
Appellant: BRADFORD J DUFT, ORVILLE G
Application No: KOLTERMAN et al.
Hearing Room: 09/445,517
Hearing Docket: B
Hearing Date: A
Hearing Time: Wednesday, April 21, 2010
Location: 09:00 AM
Madison Building - East Wing
600 Dulany Street, 9th Floor
Alexandria, Virginia 22313-1450

**NOTICE OF HEARING
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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CHECK ONE: () HEARING ATTENDANCE CONFIRMED () HEARING ATTENDANCE WAIVED

Signature of Attorney/Agent/Appellant

Date

Registration No.

Names of other visitors expected to accompany counsel: _____

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